	A B C	D	T F	T F	G	н		T K	1 1	М	N O	Р	Q	R	S	т	ul v	u	X	ΙΥ
1	Unified Rate		t t	j r	G	н	1)	K	L	IVI	N U	Р	Ų	K	3	' '	U V	П	Χ	
2	Offified Rate	teview v4.5																		
3	Company Leg	al Name	CareSource Ke	entucky Co	State:	KY														
4	HIOS Issuer ID		45636	chicacky co.		ndividual														
5		of Rate Change(s)			Widiket.	il di Vidadi														
6	2	or nace enange(s)	,_,_																	
7																				
8	Market Level Cal	culations (Same for all I	Plans)																	
7 8 9 10																				
11	Section I: Experie	nce period data																		
12	Experience Perio		1/1/2017	to	12/31/2017															
				Experience Period																
13				Aggregate Amount	PMPM +++++	% of Prem														
15		MLR Rebate) in Experi Experience Period	ence Period:	\$106,398,604 \$87,921,524	\$335.00 276.82	100.00% 82.63%														
14 15 16 17	Allowed Claims:	perremee i eniod		\$119,430,076	376.03	112.25%														
17	Index Rate of Exp				\$375.28															
18 19	Experience Perio	d Member Months		317,609																
20	Section II: Allowe	d Claims, PMPM basis																		
20 21				Experience	Period		Proj	ection Period	: 1/1/2019	to	12/31/2019	ı	∕lid-point to Mi	d-point, Experie	ence to Projection:	24 ı	months	_		
								Experience to												
22			-	on Actual Experi				on Period	Fact	tors		efore credibility	Adjustment		Credibility Manual					
23	Benefit Cat		Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM				
	Inpatient H		Days	152.55	\$6,709.81	\$85.30	1.144	1.025	1.039	1.007	176.97	\$7,424.46			\$0.00	\$0.00				
25	Outpatient	•	Services	1,020.27	1,302.86	110.77	1.144	1.025	1.045	1.007	1,183.58	1,458.33	143.84	0.00	0.00	0.00				
26	Professiona		Services	8,543.75	111.03	79.05	1.144	1.025	1.029	1.010	9,970.51	120.50		0.00	0.00	0.00				
28	Other Med Capitation	cal	Services Other	432.70 0.00	21.19 0.00	0.76 0.00	1.144 0.000	1.025 0.000	1.029 0.000	1.010 0.000	504.96 0.00	23.00 0.00		0.00	0.00 0.00	0.00 0.00				
29	Prescription	n Drug	Services	6,514.19	184.47	100.14	1.144	1.025	1.068	1.007	7,556.93	215.67	135.82		0.00	0.00				
24 25 26 27 28 29 30 31	Total	-				\$376.03							\$490.24			\$0.00				
																	After Credibility		d Period Totals	-
32	Section III: Project	ted Experience:			'	Projected Allowed		w/applied cre ved Average F					100.00%	S		0.00%	\$490.24 0.760		\$305,039,043	
34								curred Claims			li't. PMPM						\$372.58		\$231,829,673	
35								sk Adjustmen			, ,						<u>-65.9</u>		(41,047,985)	
36											overies, net of rein p	rem, PMPM					\$438.55		\$272,877,658	
37								A reinsuranc	e recoveries, i	net of rein pr	em, PMPM						0.0		0	
38						Projected Incurred									_		\$438.55		\$272,877,658	
40						Administrative Exp Profit & Risk Load	ense Load									14.62% 5.22%	85.87 30.66		53,428,035	
41						rofit & RISK Load Faxes & Fees										5.22%	30.66		19,076,220 20,062,921	
43						Single Risk Pool Gro	oss Premium Av	g. Rate, PMPI	И								\$587.32		\$365,444,835	
44						ndex Rate for Proj	ection Period										\$484.69			
45							% increase of the second secon	ver Experienc	e Period								75.329 32.419			
32 33 34 35 36 37 38 40 41 42 43 44 45 46 47						Projected Member		annuanzeu.									32.417		622,222	
48																				-
1	Information	Not Releasable to the											ust not be							
49 50		disseminated	d, distributed, or copi	ed to persons not aut	horized to receiv	e the information.	Unauthorized	disclosure ma	ay result in pr	osecution to	the full extent of the	law.								
30																				

Product-Plan Data Collection

Company Legal Name: CareSource Kentucky Co.
HIOS Issuer ID: 45636

Effective Date of Rate Change(s): 1/1/2019

State: KY
Market: Indi

. . . .

Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product			Ca	reSource Marketpla	160				CaraCauraa		eSource Marketplace Federal Simple Ch			
			Ca		ice				Caresource	Marketplace Denta	ii aliu visioli			
Product ID:				45636KY001						45636KY002			45636KY003	
Metal:	Catastrophic	Bronze	Silver	Bronze	Gold	Silver	Silver	Silver	Gold	Silver	Bronze	Silver	Gold	Bronze
AV Metal Value	0.585	0.620	0.686	0.616	0.791	0.705	0.720	0.686	0.791	0.705	0.616	0.720	0.804	0.613
AV Pricing Value	0.683	0.863	1.041	0.807	1.160	1.096	1.155	1.096	1.215	1.151	0.861	1.210	0.010	0.010
Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated
Plan Type:	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО
	CareSource	CareSource	CareSource	CareSource		CareSource	CareSource	Marketplace Low	CareSource	Marketplace	Marketplace	Marketplace Low	CareSource	Marketplace
Plan Name	Marketplace	Marketplace HSA	Marketplace Low	Marketplace	CareSource	Marketplace	Marketplace Low	Premium Silver	Marketplace Gold	Standard Silver	Bronze Dental and	Deductible Silver	Marketplace Gold	Bronze Federal
	Catastrophic	Eligible Bronze	Premium Silver	Bronze	Marketplace Gold	Standard Silver	Deductible Silver	Dental and Vision	Dental and Vision	Dental and Vision	Vision	Dental and Vision	Federal Standard	Standard
Plan ID (Standard Component ID):	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017	45636KY0020031	45636KY0030001	45636KY0030003
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Historical Rate Increase - Calendar Year - 2				10.00%						0.00%				
Historical Rate Increase - Calendar Year - 1				29.30%							0.00%			
Historical Rate Increase - Calendar Year 0				53.78%						38.25%			60.7	73%
Effective Date of Proposed Rates	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019
Rate Change % (over prior filing)	24.13%	23.52%	19.94%	19.84%	13.40%	20.45%	20.65%	19.82%	13.59%	20.32%	19.26%	20.50%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	24.13%	23.52%	19.94%	19.84%	13.40%	20.45%	20.65%	19.82%	13.59%	20.32%	19.26%	20.50%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	65.16%	0.00%	89.03%	47.43%	49.81%	69.95%	98.27%	0.00%	48.36%	66.42%	44.94%	0.00%	-100.00%	-100.00%
Product Rate Increase %		·	·	19.55%	·				·	0.00%				

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017	45636KY0020031	45636KY0030001	45636KY0030003
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$491.98	\$189.50	\$416.71	\$517.70	\$401.34	\$610.15	\$542.58	\$571.06	\$545.37	\$637.82	\$570.25	\$430.60	\$598.75	\$0.00	\$0.00
Projected Member Months	622,222	6,056	22,324	162,028	169,749	38,957	62,273	34,377	26,645	18,841	25,877	46,501	8,594	0	0

tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017	45636KY0020031	45636KY0030001	45636KY0030003
Plan Adjusted Index Rate	\$349.79	\$245.84	\$0.00	\$327.54	\$325.31	\$460.56	\$383.47	\$346.50	\$0.00	\$486.96	\$411.09	\$353.29	\$0.00	\$419.91	\$304.91
Member Months	317,609	4,106	0	122,421	6,402	14,076	23,781	68,261	0	8,662	15,322	3,654	0	11,464	39,460
Total Premium (TP)	\$106,398,604	\$566,896	\$0	\$41,617,588	\$1,833,275	\$5,373,209	\$8,576,573	\$22,963,319	\$0	\$2,945,060	\$4,821,439	\$952,215	\$0	\$4,370,649	\$12,378,381

EHB Percent of TP, [see instructions]	99.78%	99.03%	100.00%	99.82%	99.64%	99.90%	99.87%	99.80%	100.00%	99.76%	99.66%	98.85%	100.00%	99.84%	99.63%
state mandated benefits portion of TP that are other															
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.22%	0.97%	0.00%	0.18%	0.36%	0.10%	0.13%	0.20%	0.00%	0.24%	0.34%	1.15%	0.00%	0.16%	0.37%
Total Allowed Claims (TAC)	\$119,430,076	\$295,045	\$0	\$48,500,234	\$1,222,370	\$9,833,607	\$12,395,665	\$23,825,552	\$0	\$4,673,070	\$5,892,061	\$416,198	\$0	\$5,038,718	\$7,337,555
EHB Percent of TAC, [see instructions]	99.80%	99.03%	100.00%	99.82%	99.64%	99.90%	99.87%	99.80%	100.00%	99.76%	99.66%	98.85%	100.00%	99.84%	99.63%
state mandated benefits portion of TAC that are															
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.20%	0.97%	0.00%	0.18%	0.36%	0.10%	0.13%	0.20%	0.00%	0.24%	0.34%	1.15%	0.00%	0.16%	0.37%
Allowed Claims which are not the issuer's obligation:	\$31,508,552	\$190,430	\$0	\$13,664,883	\$414,567	\$1,548,596	\$2,657,543	\$6,940,289	\$0	\$681,208	\$1,487,453	\$205,448	\$0	\$1,181,180	\$2,536,957
Portion of above payable by HHS's funds on behalf															
of insured person, in dollars	\$8,609,686	\$0	\$0	\$5,403,055	\$1,314	\$0	\$525,113	\$2,210,446	\$0	\$448	\$465,389	\$3,922	\$0		
Portion of above payable by HHS on behalf of															
insured person, as %	27.32%	0.00%		39.54%	0.32%	0.00%	19.76%	31.85%		0.07%	31.29%	1.91%			
Total Incurred claims, payable with issuer funds	\$87,921,524	\$104,615	\$0	\$34,835,351	\$807,803	\$8,285,012	\$9,738,123	\$16,885,263	\$0	\$3,991,863	\$4,404,609	\$210,750	\$0	\$3,857,538	\$4,800,599
	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Risk Adjustment Transfer Amount	-\$10,455,578.89	-\$9,174.06	\$0.00	-\$4,046,607.58	-\$892,712.27	\$6,367,951.43	-\$375,760.96	-\$1,969,940.24	\$0.00	\$1,437,491.05	-\$289,436.07	-\$457,204.11	\$0.00	-\$4,085,503.56	-\$6,134,682.52
Incurred Claims PMPM	\$276.82	\$25.48	\$0.00	\$284.55	\$126.18	\$588.59	\$409.49	\$247.36	\$0.00	\$460.85	\$287.47	\$57.68	\$0.00	\$336.49	\$121.66
Allowed Claims PMPM	\$376.03	\$71.86	\$0.00	\$396.18	\$190.94	\$698.61	\$521.24	\$349.04	\$0.00	\$539.49	\$384.55	\$113.90	\$0.00	\$439.53	\$185.95
EHB portion of Allowed Claims, PMPM	\$375.27	\$71.16	\$0.00	\$395.46	\$190.25	\$697.91	\$520.56	\$348.34	\$0.00	\$538.20	\$383.24	\$112.59	\$0.00	\$438.82	\$185.26

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45626KV0020017	45636KY0020031	45636KY0030001	45636KY0030003
Plan Adjusted Index Rate	\$587.25	\$406.02		\$619.16			\$651.69	\$687.00		\$722.43	\$684.15	\$512.07		\$0.00	
Member Months	622,222	6,056	22,324	162,028	169,749	38,957	62,273	34,377	26,645	18,841	25,877	46,501	8,594	-	-
Total Premium (TP)	\$365,403,034	\$1,424,559	\$11,490,490	\$100,606,584	\$81,645,698	\$26,956,220	\$40,698,625	\$23,684,457	\$17,411,397	\$13,650,237	\$17,754,340	\$23,879,593	· · · · · · · · · · · · · · · · · · ·	\$0	\$0
Total Fremani (11)	ψ303) 103)03 T	ψ1) 12 1)333	Ų11) 150) 150	\$100,000,50 .	\$61,615,656	\$20,550,220	ψ 10,030,023	\$25,00 i, i57	Ų17) 121)SS7	\$10,030,23	ψ17773 1,3 10	ψ <u>2</u> 3,0,3,333	ψο,Σου,σου	, , , , , , , , , , , , , , , , , , , 	ψū
EHB Percent of TP, [see instructions]	98.94%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.32%	95.78%	95.54%	94.04%	95.76%	100.00%	100.00%
state mandated benefits portion of TP that are other															
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	1.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.68%	4.22%	4.46%	5.96%	4.24%	0.00%	0.00%
Total Allowed Claims (TAC)	\$303,469,512	\$1,418,227	\$10,831,479	\$76,828,821	\$80,073,215	\$21,304,396	\$30,600,689	\$17,181,694	\$13,339,196	\$10,802,197	\$13,400,780	\$23,165,956	\$4,522,862	\$0	\$0
EHB Percent of TAC, [see instructions]	98.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.71%	95.38%	94.89%	94.69%	94.97%	100.00%	100.00%
state mandated benefits portion of TAC that are															
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	1.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.29%	4.62%	5.11%	5.31%	5.03%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$72,777,023	\$489,165	\$3,573,175	\$13,274,038	\$28,500,557	\$4,275,229	\$4,890,356	\$2,219,428	\$2,374,594	\$2,203,251	\$2,218,393	\$8,142,129	\$616,707	¢0	¢0
	· · · · · ·	\$469,105	\$5,575,175	\$15,274,056	\$28,500,557	\$4,275,229	\$4,690,550	\$2,219,420	\$2,574,594	\$2,203,231	\$2,210,393	\$0,142,129	\$010,707	ŞU	ŞU
Portion of above payable by HHS's funds on behalf of insured person, in dollars	¢n.	Śn	\$n	\$0	\$n	\$n	\$0	\$n	\$n	¢n.	\$n	\$n	¢n.	\$0	\$n
Portion of above payable by HHS on behalf of	50	ÇÜ	ÇÜ	ÇÜ	ÇÜ	γo	70	ÇÜ	ÇÜ	ÇU	ÇÜ	ÇÜ	ÇÜ	Ų	ÇÜ
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$230,692,489	\$929,062		\$63,554,783	\$51,572,658	\$17,029,167	\$25,710,333	\$14,962,266	\$10,964,601	\$8,598,946		\$15,023,827		\$0	
rotal mounted stating, payable with issuel funds	\$233,032,403	\$323,002	Ç.,230,304	Ç00,00 4 ,700	\$31,372,030	Ç17,023,107	Ç23,710,333	ψ±+,302,200	\$13,304,001	Ç3,330,340	Ţ11,102,300	Ç13,023,027	\$3,300,133	 	, ,,,
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Risk Adjustment Transfer Amount	-\$40,954,068	-\$275,595	-\$1,284,185	-\$11,243,858	-\$9,124,777	-\$3,012,645	-\$4,548,505	-\$2,646,990	-\$1,945,909	-\$1,525,559	-\$1,984,237	-\$2,668,799	-\$693,009	\$0	\$0